PREPARED BY AND RETURN TO: City Attorney's Office City of Fort Lauderdale 100 North Andrews Avenue Fort Lauderdale, FL 33301 Folio No: Space Reserved for Recording Information UTILITY EASEMENT THIS INDENTURE, made this ______ day of ________, 20___, by and between: _________, of the County of ________, of the State of Florida, "Grantor", and

WITNESSETH:

hereinafter "Grantee".

City of Fort Lauderdale, a municipal corporation existing under the laws of the

State of Florida, whose Post Office address is P.O. Drawer 14250, Fort Lauderdale, Florida 33302-4250, Federal Tax ID No. 02-1234-00001-04-47,

That said Grantor, for and in consideration of the sum of TEN DOLLARS (\$10.00) and other good and valuable considerdations to said Grantor in hand paid by said Grantee, the receipt of which is acknowledged, has granted, bargained and sold unto the said Grantee, its successors and assigns an easement for utilities and the right to provide service to maintain, repair and replace and have access to City facilities or infrastructure on the property for said utilities, and all other public purposes as Grantee may deem necessary over, along, through, in, above and under that certain parcel of land situated, lying and being in Fort Lauderdale, Broward County, Florida, described as follows:

*("Grantor" and "Grantee" are used for singular or plural, as context requires.)

Grantor hereby covenants with said Grantee that said Grantor is lawfully seized of fee simple title to the Easement Area and that Grantor hereby fully warrants and defends the title to this Easement Area hereby granted and conveyed against the lawful claims of all persons whomsoever.

TO HAVE AND TO HOLD the same unto the Grantee, its successors and assigns forever.

IN WITNESS WHEREOF, the Grantor has hereunto set Grantor's hand and seal the day and year first above written.

WITNESSES:		
	By:	
[Witness print/type name]		
	-	
[Witness print/type name]		

STATE OF FLORIDA: COUNTY OF BROWARD:

He/She	as acknowledged before me this, 20 by is personally known to me or has produced ication and did not (did) take an oath.
(SEAL)	Notary Public, State of Florida Signature of Notary taking Acknowledgement)
	Name of Notary Typed, Printed or Stamped
	My Commission Expires: Commission Number
	Commission (value)
APPROVED AS TO FORM:	
City Attorney	